

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

689
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 12-21-99

1. 50 pp
#1-1450 and 1-27-00

1000164

1. NAME Flournoy Melissa MI
Last First

2. BUSINESS PHONE 225-344-2225

3. BUSINESS ADDRESS 350 3rd St. Suite 215, BR LA 70801
Street and No. City State Zip

MAILING ADDRESS P.O. Box 4308, BR LA 70821
Street and No. City State Zip

4. EMPLOYER Council for A Better Louisiana

5. EMPLOYER'S ADDRESS Same as above
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Council for A Better Louisiana

Address Same as above

Business or purpose non-partisan statewide non-profit

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of August 1, 1999

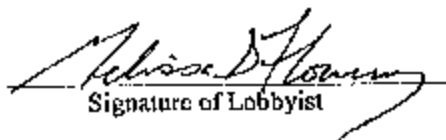
SUPPLEMENTAL REGISTRATION FORM

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2. Name N/A
 Address _____
 Business or purpose _____
☐ New Representation
 Does this person pay you? _____
 If No, who pays you? _____
☐ Terminated Representation as of _____
3. Name N/A
 Address _____
 Business or purpose _____
☐ New Representation
 Does this person pay you? _____
 If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [I.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.


 Signature of Lobbyist